

**Montana Medicaid – Fee Schedule**  
**School-Based Health Services**  
**April 2011**  
**Corrected as of July 21, 2011**

**Definitions:**

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.  
For example:  
26 = professional component  
TC = technical component

**Description** – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee; not determined using RBRVS payment schedule

**Medicare:** Medicare-prevailing fee

**By Report (BR):** Equals 48% of billed charges

**RBRVS:** Based on Medicare Relative Value Units (RVUs) x Montana Medicaid allied health conversion factor x policy adjuster

**Policy Adjuster:** M = Maternity; F= Family Planning

**Fees**

Effective April 1, 2011, this fee will be adjusted to reimburse the services at the federal matching assistance percentage (FMAP) rate of 72.99%.

**Please note the match rate is now activated by claim paid date, not date of service.**

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space:** This indicator does not apply to this code

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Proc	Mod	Description	Effective	Method	Office Fees	PA	Policy Adjust
H0036		COMM PSY FACE-FACE PER 15 MIN	10/1/2009	FEE SCHED	\$24.62		
T1000		PRIVATE DUTY/INDEPENDENT NSG	7/1/2009	FEE SCHED	\$7.01	Y	
T1019		PERSONAL CARE SER PER 15 MIN	7/1/2009	FEE SCHED	\$5.05		
T2003		N-ET; ENCOUNTER/TRIP	6/1/2010	FEE SCHED	\$12.40		
V5266		BATTERY FOR HEARING DEVICE	10/1/2007	BY REPORT	\$0.00		
90804		PSYTX OFFICE 20-30 MIN	7/1/2010	RBRVS	\$37.42		
90853		GROUP PSYCHOTHERAPY	7/1/2010	RBRVS	\$18.66		
92506		SPEECH/HEARING EVALUATION	7/1/2010	RBRVS	\$86.10		
92507		SPEECH/HEARING THERAPY	7/1/2010	RBRVS	\$36.00		
92508		SPEECH/HEARING THERAPY	7/1/2010	RBRVS	\$17.71		
92557		COMPREHENSIVE HEARING TEST	7/1/2010	RBRVS	\$30.60		
92567		TYMPANOMETRY	7/1/2010	RBRVS	\$11.64		
92587		EVOKED AUDITORY TEST	7/1/2010	RBRVS	\$25.01		
92587	TC	EVOKED AUDITORY TEST	7/1/2010	RBRVS	\$19.75		
92587	26	EVOKED AUDITORY TEST	7/1/2010	RBRVS	\$5.26		
96101		PSYCHO TESTING BY PSYCH/PHYS	7/1/2010	RBRVS	\$49.52		
97001		PT EVALUATION	7/1/2010	RBRVS	\$41.30		
97002		PT RE-EVALUATION	7/1/2010	RBRVS	\$22.22		
97003		OT EVALUATION	7/1/2010	RBRVS	\$44.20		
97004		OT RE-EVALUATION	7/1/2010	RBRVS	\$25.77		
97150		GROUP THERAPEUTIC PROCEDURES	7/1/2010	RBRVS	\$10.64		
97530		THERAPEUTIC ACTIVITIES	7/1/2010	RBRVS	\$17.76		